

NOTE: When you apply to participate in the Shared Work program, you must submit a completed participant list along with your application. After your plan is approved, please use this form to notify the Shared Work Unit of any plan additions and/or deletions, and send it to Pat Novarra's attention. You may fax your request to (360) 902-9260.

If You add an employee to your participant list, you must tell us before the employee's hours are reduced. Please be aware that the earliest date an employee can be eligible for Shared Work benefits is the date that we receive your written request to modify your plan/participant list. *If the employee's hours are reduced before your written request is approved, no Shared Work benefit payments can be made.*

SHARED WORK COMPENSATION PLAN PARTICIPANT LIST

Employer (Company Name) and Address					Employment Security Reference Number				Date		
Employee Name	Employee S-S-N	Salary/ Hourly S-Salary H-Hourly	Full-time (FT)	Regular Hours of Work	Reduced Hours of Work	Proposed Percent of Reductions for Dept., Unit or Section	Hire Date	Dept. Unit or Section	Adding to or Deleting from A-ADD D-Delete	Effective Date	If Deleting, reason for Separation Q-Quit D-Discharge LO – Laid off
Example: Doe, John Q	123-45-6789	S	FT	40	32	20%	02/19/92	Clerical	A	04/03/97	D
01.											
02.											
03.											
04.											
05.											
06.											
07.											
08.											
09.											
10.											